Health and Health System Expectations and Measures: A Consultation Paper

March 1998

Expectations and Measures

A Consultation Paper

Alberta
HEALTH

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Table of Contents

EXECUTIVE SUMMARY

The Expectations and Measures project is one of the essential next steps in furthering accountability and continuous improvement in Alberta's health system. This paper is intended for use in discussions with health authorities and other key stakeholders, for the purpose of obtaining feedback on:

- a proposed framework, including six quality dimensions;
- criteria for setting priorities for the development of expectations and measures;
- roles and responsibilities of the various parties involved;
- processes to be followed in taking the next steps.

The paper proposes a framework for setting health and health system expectations (which include goals, guidelines, standards, targets and benchmarks), identifying appropriate measures, and monitoring performance against expectations. This involves two streams of expectations for health authorities:

- general expectations related to governance and management of the health system, including expectations about population health and health determinants;
- specific expectations related to the delivery of health services.

A draft template has been produced to serve as a tool for defining and organizing expectations and for developing the related measures and monitoring systems. This template will also accommodate existing expectations and measures. Six quality dimensions are proposed related to the delivery of health services:

- ◊ appropriateness
- ◊ effectiveness
- ◊ safety
- ◊ efficiency
- ◊ accessibility
- ◊ acceptability

Once agreement has been reached on the framework, priorities need to be set to guide discussions about where new expectations and measures are most needed. Suggested criteria for use in setting priorities are:

- ◊ relationship to health needs
- ◊ potential for improved results
- ◊ relationship to health system directions
- ◊ safety risk
- ◊ vulnerable population groups
- ◊ volume
- ◊ cost
- ◊ importance to public

Consultations with stakeholders will provide the feedback necessary for this project to move forward in establishing a solid base of expectations and measures for health and the health system in Alberta.

INTRODUCTION

Albertans place a high value on their health and their health system. They want effective ways of protecting health and preventing illness to be in place. They also want Alberta's health system to provide high quality services when they need them.

People in the health system are working hard to achieve those results. Over the past few years, there has been considerable change in the way Alberta's health system operates. Health authorities coordinate the delivery of a wide range of health services within a defined geographic area. There's more emphasis on having the various parts of the health system work together to meet the needs of individual Albertans. We're expanding the focus of health to include not only treating people when they are sick but also considering a broad range of factors that influence people's health on an ongoing basis. And we're putting greater emphasis on defining expectations, measuring results, and using that information to improve health outcomes and management of the health system. "Expectations" is a broad concept, defined as a desired result, which may be expressed as a goal, standard (minimum requirement), target, benchmark or guideline.

This consultation paper on expectations and measures is a key part of the "next steps" in achieving accountability and continuous improvement in Alberta's health system. By defining clear expectations, monitoring performance on a set of agreed upon measures, and taking appropriate follow up action, we can ensure that we continue to improve health system performance. And we can assure Albertans that their health system is well managed, providing the quality of care they expect, and most important, improving the health of Albertans.

To ensure continuous improvement in Alberta's health system, several steps in a continuous loop must be followed (Figure 1). The process flows from establishing goals/expectations and related measures, through to selecting and implementing strategies, monitoring/reporting, evaluation and decision-making.

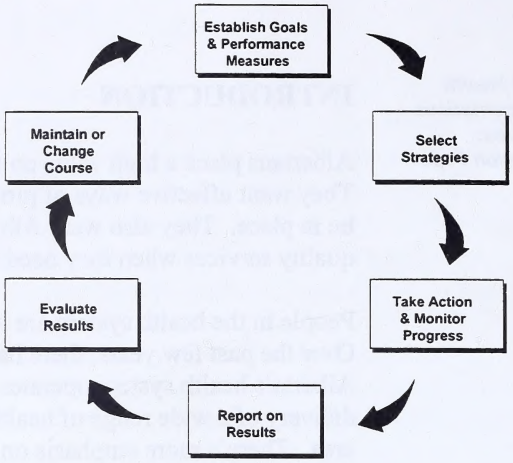

Figure 1

PURPOSE OF THIS CONSULTATION PAPER

The purpose of this consultation paper is to propose and get feedback on: a framework for defining health and health system expectations and measures, criteria for determining priorities for the development of expectations and measures, roles and responsibilities of the various parties involved, and processes to be followed in taking the next steps. Determining priorities and developing expectations and measures will require joint work between Alberta Health and other partners in Alberta's health system.

Although a range of stakeholders need to be involved in various aspects of defining expectations and measuring performance, this consultation paper is a first step and is focused primarily on health authorities. It does not address the role of professional associations in developing and implementing professional standards to ensure their members are capable of providing the services in their scope of practice. This topic is addressed separately through existing health profession legislation and is currently being revisited in consultations underway regarding the draft Health Professions Act. However, expectations established for health authorities provide the context for the professions' standards of practice and clinical practice guidelines, and all health care practitioners play an integral role in the development, implementation and monitoring of expectations and measures.

WHERE WE ARE GOING

Initially we will focus primarily on health determinants influenced by the health system, but as the framework is expanded and revised over time, we will begin to examine expectations and measures of health determinants influenced by other government departments and agencies and other levels of government. Factors such as living and working conditions, education, and personal health practices generally have a greater role to play than does the health system in determining how healthy we can be. A focus on the health of the population forces us to look beyond the use of health services and the health status of individuals to a wider range of factors when we are setting expectations for, and measuring, health.

Alberta Health's long term goal is to have a full set of expectations about, and measures of, health, the key factors influencing population and individual health, as well as the key aspects of high quality and cost effective health services delivery. When fully developed, this set of expectations and measures will cut across departmental and jurisdictional boundaries. The approach will not be limited only to health determinants for which the health care system has direct responsibility.

This comprehensive framework of expectations and measures for all aspects of health will be developed collaboratively with those who share responsibility for the other determinants of health. In the meantime, we will continue to work jointly with other departments regarding the performance measures and targets that have already been identified in government business plans. The expectations and measures in our framework will be updated regularly based on information gathered through monitoring health status, performance, international trends and research evidence.

We will also require effective mechanisms to monitor and evaluate performance against expectations. This information will need to be fed back in a timely manner to those responsible for achieving the expected results. The information will be used at all levels of the health system as well as outside the health system to improve strategies and outcomes, stop ineffective and inefficient activities, and to revise expectations and priorities. Monitoring information will also be used to identify areas requiring further analysis or research.

A key support vehicle for this work will be an effective information system which provides a base of common, timely and accessible information across Alberta's health system. Work on developing such a system is underway through the alberta we//net program. This program

involves stakeholders across the health system. The Strategic Blueprint developed for alberta we//net lays out a roadmap for establishing a province-wide health information system. The vision of we//net is "better information for better health". Developments in alberta we//net will be linked directly to future work on expectations and measures so we can ensure that the information needed to assess results is collected, standardized and accessible across the system. This also requires that clear rules be in place to ensure that the privacy of individual Albertans' health information is protected.

CLARIFYING TERMS

There are a number of key terms used in this document which require definition to ensure that we're consistent in how the terms are used (see Appendix A for a complete set of definitions).

Expectation is a broad concept defined as a desired result, as set out in a **goal, standard, target, benchmark** or **guideline**.

A **measure** is a quantitative tool used to assess progress in meeting expectations.

A **goal** is a broad statement of a desired condition which is potentially attainable, though not necessarily easily or within a short time frame.

Standards, targets, benchmarks and **guidelines** are more specific statements of expectation, and would often relate to or derive from a goal.

- **Standard** has many different definitions but the definition adopted by Alberta Health is "a minimum requirement to be met, as set out by a competent authority or based on available evidence". Some standards may be codified in legislation.

- A **target** is a specific expectation stating the *desired* level of, or change in, performance to be achieved, usually within a given time period. Targets may be based on standards, but may also be based on goals or **benchmarks.**

- A **benchmark** is a "best in class" comparator. It is a high level of performance that others achieve when undertaking similar tasks and responsibilities within a comparable context.

- **Guidelines** are recommendations as opposed to prescribed requirements. They are developed to guide an individual or an organization undertaking an activity. Guidelines are voluntary and they allow for some latitude and individual judgement in situations which require flexibility, which may result in actions that differ somewhat from the recommended guidelines.

Expectations may relate to:

- **inputs**, such as facilities, equipment, staffing levels, or staff qualifications
- **processes**, such as the decisions, activities, tasks, and interventions undertaken to achieve service goals
- **outputs**, which are the results of processes that were completed (e.g. average length of hospital stay, or average daily cost per home care client)
- **outcomes**, which are changes in clients' health status or health determinants that can be attributed to a service (e.g. functional status of clients attributable to service outputs).

RELATIONSHIP OF EXPECTATIONS AND MEASURES TO ACCOUNTABILITY AND BUSINESS PLANS

The Ministry of Health business plan sets out goals, directions, and a number of actions to be taken in the next few years. The business plan has a clear emphasis on accountability and performance. In particular, the business plan states that:

- all components of the health system will have clear responsibilities and be accountable for the results they achieve
- standards will be in place province-wide and Albertans will receive regular information on whether those standards are being met
- regular and understandable information will be available to Albertans about the health of Albertans and the performance of the health system
- better information and an ongoing evaluation of programs and services will lead to ongoing improvements in health and health services.

This consultation paper is consistent with the directions set out in the business plan and sets the stage for important next steps in defining expectations, including standards, and measures of performance for Alberta's health system.

In June 1997, the Minister of Health released the discussion document, **Achieving Accountability in Alberta's Health System**. **Achieving Accountability** sets out a framework for clarifying and improving accountability in the health system. It distinguishes the *structural* aspects of accountability (roles, responsibilities and reporting relationships) from the *processes* needed to support accountability (for instance, setting goals, targets, and standards; developing performance measures; selecting strategies; monitoring progress; evaluating results). The document describes the responsibilities of those working within the health system and outlines their accountability relationships. **Achieving Accountability** tries to facilitate a shared understanding of accountability and continuous improvement, as a foundation for the development of health system expectations. This current consultation paper, on a framework for setting expectations and measures, describes key processes needed to support accountability.

Stakeholder reaction to **Achieving Accountability** has generally been favourable. Some stakeholders feel that the document may have understated the importance of accountability and continuous improvement. In general, stakeholders recognise the need for setting clear expectations and for monitoring and reporting on expectations in order to improve the health system and health of the population. They also recognise the need for a greater focus on expectations related to results.

With discussions underway on the accountability framework, we now want to take the next steps to begin talking with stakeholders about the actual expectations and measures to be put in place.

ROLES AND RESPONSIBILITIES

As we move forward with defining expectations, it will be important to be clear on roles and responsibilities. All stakeholders have a role to play in defining and communicating expectations as well as ensuring expectations are met. What role should the various stakeholders, including the public, play in defining expectations and measures? What roles should these stakeholders take in monitoring whether these expectations are met? What happens when expectations are not met? These questions need to be addressed in order for us to take the next steps to set clear expectations and measures, monitor performance against these expectations, and ensure appropriate follow up action.

Ensuring health system accountability is part of the mandate of the Minister of Health. The Minister is responsible for setting clear expectations, allocating resources, defining reporting requirements and ensuring these are met, assessing overall performance and carrying out follow-up actions at the health system level. At the same time, fulfilling that responsibility requires the participation and cooperation of all stakeholders in the health system. This stakeholder participation needs to be further defined.

Health authorities, health professionals and all other service providers working in the health system are responsible for assessing performance and carrying out their own continuous improvement processes. Health authorities currently set expectations in their business plans, measure certain results and provide information to their community members. While there are some common elements of information collected across the regions, currently there are few common or universal targets or measures in place.

In addition to setting and measuring expectations, Alberta Health can support health system stakeholders in their accountability and continuous improvement activities by providing some of the data and methods. Possible Alberta Health roles/functions in this area are: measures and indicator development, utilization analysis, literature review, external benchmarking, education about the use of such information in improving processes and funding for continuous improvement activities (e.g. development of clinical practice guidelines and demonstration projects).

ALBERTA'S EXPECTATIONS AND MEASURES FRAMEWORK

Setting expectations, including specific standards and targets, and selecting benchmarks and measures is a complex task. One way to sort out the various aspects and begin the more detailed work is to set out a clear framework.

We have reviewed work underway in other jurisdictions (see Appendix B for summary). For the most part, high-level performance measures have been developed separately from expectations, although some accreditation organizations, both in Canada and elsewhere, are also involved in measures work. However, there is increasingly an interest, especially at the clinical or program level, in integrating the two, so that measures reflect expectations, and both relate to broad dimensions of quality such as accessibility, appropriateness, efficiency, and so on. It is also important to ensure we look not just at expectations and

measures of the health system, but also at expectations and measures for other determinants of health as well as for health status.

Alberta Health is proposing a framework in which expectations are divided into two broad categories: those related to Health Services and those related to Governance and Management, including expectations relating to determinants of health and health outcomes. The tables attached as Appendix C illustrate this framework.

Health Services Expectations

Expectations related to **Health Services** can be organized using dimensions of quality in the health system: appropriateness, effectiveness, safety, efficiency, accessibility, and acceptability. These dimensions were selected and adapted from the quality improvement literature and from work published by other organizations, including the Canadian Council on Health Services Accreditation's Standards for Comprehensive Health Services (1997). They are consistent with the vision, mission and key directions in the Alberta Health Business Plan. And they reflect key questions Albertans want to see addressed in their health system, questions such as:

- ⇒ Will services be there when I need them, and will access be fair?
- ⇒ Will I receive safe care from competent providers?
- ⇒ Will I receive the right service to meet my needs, in the right setting?
- ⇒ Will the service be effective in improving or maintaining my health?
- ⇒ Will the service be as coordinated, streamlined, efficient and affordable as possible?
- ⇒ Will I be treated with respect and understanding by those who provide health services?
- ⇒ Will information about health issues and the health system be readily available to me?

Health Services expectations can be further broken down into: (a) health service delivery expectations, (b) general expectations and (c) system continuity/integration expectations.

(a) **Health service delivery expectations** are grouped within the following categories, designed to reflect the range of services currently provided by health authorities. These categories provide for descriptions of specific **services**, regardless of the setting or program within which the services are delivered.

- Diagnostic services – Services that assist practitioners and health providers in diagnosing a health condition.

- Treatment services – Services to cure or alleviate symptoms of illness or injury, restore or maintain both physiological and psychological health, or address life cycle events such as birth or death.

- Supportive services – Services that enable individuals to function as independently as possible as well as supporting them in the management of their health.

- Protection, prevention and promotion services – Services that reduce or eliminate hazards and risks to health, prevent illness, injury or disability, and strengthen the capacity of individuals and communities to be healthy.

(b) **General expectations** may be set which apply across all types of health services. These will most often be in the form of general goal statements such as "Albertans will have access to quality health services when they need them", and will have high-level measures for monitoring this type of expectation.

(c) **Service and system continuity/integration expectations** reflect a recognition that the health system is more than the sum of its parts, and there should be expectations set for the overall functioning of the system, including continuity, coordination and integration. An example is the setting of expectations and measures about the "seamlessness" of client movement between diagnostic, treatment and supportive services, settings and providers.

Governance and Management Expectations

The **Governance and Management** section of the framework accommodates expectations for desired results in areas outside the delivery of health services. These include such activities as health needs assessment, health surveillance, strategic planning, quality improvement, resource allocation/management, and monitoring/ evaluation. Expectations about determinants of health and population health outcomes, such as targets for life expectancy or infant mortality, would also fit within this section of the framework, as would population health indicators which are monitored but have no specific targets established for them.

These expectations also include general governance activities such as establishing and evaluating a mission, vision, ethical values and strategies; and the allocation of resources. Areas such as management control systems (information and risk management), senior management (including the Medical Officer of Health and Medical Chief of Staff), relations with the medical staff, external communications, community linkages, relations with other health authorities and regulatory bodies, and board functioning and effectiveness are also evaluated.

Some examples of "governance and management" expectations that have already been set for health authorities are:

- health authorities will provide evidence that population health needs have been assessed
- selected population health measures will be reported and compared against provincial rates
- an evaluation will be done on a selected program or service
- there will be a yearly increase in community and home-based expenditures, as a percentage of total expenditures.

Use of the Framework

A number of performance measures, along with some targets and benchmarks, have already been developed and reported by Alberta Health and health authorities. The emphasis to date has been on measures related to the Ministry and health authority business plans. Specific projects are now underway to develop a number of new measures (e.g., in the areas of cardiac surgery, continuing care, public health). The framework will include existing performance measures, targets and standards, and others as they are developed. It will include expectations and measures which are of most importance to the public, as well as those that are most useful to those who work in the health system.

The tables attached as Appendix C set out the proposed framework in a worksheet format that will be used to: (a) catalogue existing expectations and measures and (b) document new work in this area. The first page relates to health services, and is organized by the six dimensions of quality, as well as by major health services categories. Within each cell, there will be expectations and measures at various levels of specificity, and these could relate to inputs, processes, outputs and/or outcomes. It is anticipated that certain cells will have very few expectations stated, whereas others will have many, depending partly on the needs identified through the prioritization process described below. Some expectations could be setting-specific (i.e., pertaining

only to a particular type of location in which a service is delivered), although setting is not intended to be a key qualifier for most service expectations.

The second page in Appendix C shows subheadings under the expectation area of "Governance and Management". As with the health services section, each cell might contain expectations and measures that relate to inputs, processes, outputs and/or outcomes. These subheadings are intended only as examples of the types of areas in which expectations and measures might be developed.

This framework is intended to cover the spectrum of areas in which health and health system expectations and measures might be developed. It is intended to be flexible enough to incorporate, not replace, other related conceptual frameworks already in use in Alberta's health system. Expectations and measures in existing legislation, accreditation materials and reporting systems, for instance, will be "mapped" against this proposed framework, rather than the framework driving unnecessary changes to existing means of organizing information.

It is hard to imagine a single framework containing all of the expectations and measures for health and the health system. In the practical application of the framework to priority areas, it is likely that each area would have its own worksheet. This will enable one to see how a particular health problem or target group is "covered" in terms of the range of expectations and measures. For example, if "Heart Health" were the area being addressed, all related expectations and measures would be compiled together. These might include expectations of access/quality/effectiveness of a wide range of diagnostic, treatment, supportive and protection, prevention and promotion services related to heart health. The framework would also accommodate related expectations in the governance and management area, such as population health measures, and evidence of needs-based strategic planning, management and monitoring, as they relate to an overall approach to heart health.

SETTING PRIORITIES

Once agreement has been reached on the framework itself, the next step will be to begin setting the specific expectations within the categories in the framework. This is an extensive amount of work and it will take time to complete. Our objective in the short term is to begin with expectations and measures which together broadly address the health of the population and the health system. As we proceed, more detailed and specific expectations and measures can be developed.

We are proposing that priorities be set to guide the decisions about which expectations and measures should be developed first. We propose the following criteria be used in setting those priorities:

- **relationship to health needs**
- **potential for improved results for health status and the health system**
- **relationship to health system directions (including agreed upon values)**
- **safety risk**
- **vulnerable population groups**
- **volume**
- **cost**
- **importance to public.**

Priorities will be decided in collaboration with health authorities and other stakeholders. They will also be determined through review of existing standards, regulations and legislation (noting important gaps and problems), and taking into consideration major government directions.

Whenever possible, goals, targets, benchmarks, standards, measures and guidelines should be **evidence-based.** The process of setting expectations and developing measures should include review of research, best practices, and expert opinion, with stakeholder consultation and peer review, field testing, and continual integration of new research and practice knowledge and assessments of health needs.

Expectations should also be consistent with agreed upon values. These values may be found in public policy documents such as business plans. For instance, Alberta Health's business plan identifies values such as expanding programs in homes and communities, a focus on prevention and health promotion, access to services, a publicly administered health system, involving community members in planning local services, getting best value for public dollars and equitable funding to regions.

Adoption of a particular expectation and appropriate measures is not the end of the process. Standards, targets and other expectations should be reviewed and refined on an ongoing basis to reflect new issues, changing needs, and current evidence. In this way, the process of developing and revising expectations contributes to the continuous improvement of the health system.

NEXT STEPS

Once the consultations have been completed, revisions will be made as needed to the framework service categories, dimensions of quality, and criteria for determining priority areas. Existing expectations and measures will be reviewed to determine areas that are well covered, and those needing attention. This inventory of existing expectations and measures will be updated over time and will be made available to stakeholders. Priorities will be established for the development of expectations and measures and developmental work will begin in partnership with appropriate stakeholder groups. Based on the feedback we receive, we will adjust the processes proposed in this consultation paper and proceed with the next steps.

Research will be initiated in areas that are identified as priorities but which may require further evidence before actual expectations and measures can be developed. On an ongoing basis, priorities and existing expectations and measures will be updated based on new research findings, the results of monitoring activities, and ongoing advice from those working directly in the health system. As expectations and measures are developed, they will be assessed to determine whether legislative changes and new reporting requirements are warranted. Strategies will be developed to monitor the achievement of expectations.

An integrated health information system is key to facilitating communication of expectations and measures, and monitoring and evaluating results. The alberta we//net program has identified enhancing accountability as one of the key health system business imperatives it is designed to support. The we//net Strategic Blueprint describes at a high level **key functions and processes** performed by the health system, including those which support the delivery of health services. Each of these functions and processes will be further defined through the Health Services Definition project. This expectations and measures framework begins the work of further defining health service delivery categories and the types of information needed to support another key function portrayed in the blueprint document, planning and managing the health system.

We look forward to your feedback on this framework for expectations and measures. Together, we can take the next steps to put a solid base of expectations in place, and ensure that Alberta's health system continues to improve health and provide quality health services for Albertans.

CONSULTATION QUESTIONS

Considerable developmental work will be necessary in setting expectations and in identifying appropriate measures and monitoring systems to accompany these expectations. At this stage, it is important to seek the views of health authorities and other key stakeholders, in order to guide this work.

Specifically, we would like your feedback on the following questions:

1. Are the six dimensions of quality, as suggested in the framework, appropriate and comprehensive? Are the definitions of these six dimensions appropriate?

2. Are the framework categories for health services outlined in Appendix C appropriate and useful (e.g. discrete, make sense) for the purpose of describing health services and setting expectations?

3. Are the proposed criteria for setting priorities appropriate? What other criteria should be considered?

4. Using the proposed criteria, what areas would you suggest as the highest priority for the development of expectations and measures?

5. What should be the respective roles of Alberta Health, health authorities, service providers and consumers in setting expectations, defining measures, and monitoring performance?

6. Who is responsible for identifying and monitoring follow-up action if expectations are not met or measurements are not taken? What should the consequences be of not meeting expectations and not taking measurements?

7. How detailed should provincial policies and standards be? Is a mixture of levels of prescriptiveness desirable and appropriate?

8. Is the process we have proposed for developing expectations and measures appropriate?

APPENDICES

APPENDIX A

DEFINITIONS

Goal:	a broad statement of a desired condition which is potentially attainable, though not necessarily easily or within a short time frame
Guideline:	a recommendation developed to guide an individual or an organization undertaking an activity
Standard:	a minimum requirement to be met, as set out by a competent authority or based on available evidence
Target:	a specific statement of a desired level of, or change in, performance to be achieved, usually within a given time period
Benchmark:	a "best in class" comparator; a high level of performance that others achieve when undertaking a similar responsibility
Expectation:	a desired result as set out in a goal, guideline, standard, target or benchmark
Measure:	a quantitative tool to assess progress in meeting expectations

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Appropriateness:	degree to which the right care or service is provided at the right time to meet the health needs of the client, in the most suitable setting.
Effectiveness:	degree to which services or interventions achieve the desired outcomes.
Safety:	degree to which the potential risks of interventions or of the environment are avoided or minimized, and the degree to which individuals or populations are protected from hurt, injury or loss. The

	competence of providers is one component of safe delivery of health services.
Efficiency:	optimal use of resources in achieving desired results.
Accessibility:	ease with which individuals obtain needed services; access may be affected by a number of factors, including distance, time, culture, language, physical condition, or financial or other circumstances of the client. The concept of equity is a component of accessibility, and refers to the degree to which services are delivered and decisions are made in a fair and just way.
Acceptability:	the extent to which each service provided meets the expectations of the client, family, community, providers, and/or paying agency. This includes the level of satisfaction with services.
Continuity/ Integration:	provision of uninterrupted, coordinated services across the continuum of care and over time.

Input:	the amount and type of resources (staff, clients, money, supplies, material, buildings, etc.) used to deliver programs and services.
Process:	the activities and tasks undertaken to achieve program or service objectives.
Output:	the results of processes that were completed, e.g. average daily cost per client, average length of hospital stay.
Outcome:	change in health status or health determinants of clients that can be attributed to a program or service.

SOURCES

The above definitions have been drawn from the following key sources as well as from the general quality improvement literature:

- Alberta Health, *Evidence Based Decision Making,* July 1995
- Canadian Council on Health Services Accreditation
- Donabedian, A. *The definitions of quality and approaches to its assessment,* Health Administration Press, 1980.

APPENDIX B

EXPECTATIONS AND MEASURES IN OTHER JURISDICTIONS AND ORGANIZATIONS

A look at other Canadian provinces and organizations

Canadian provincial governments vary in their approach to setting and monitoring expectations and measures. In most provinces, standards are set and monitored on a sector by sector basis (e.g. Acute Care, Long-Term Care) and monitored at the Ministry level. There is, however, a move in some ministries to develop a broad, centrally coordinated approach that would reduce compartmentalization and duplication of effort. This involves developing broader, system-level expectations and measuring results at the Ministry level, over and above the more detailed standards used at the regional and service level. To date, however, there has been little work done to systematically link standards to measures within a comprehensive framework.

Most provinces are actively developing performance measures at both the health system and regional levels. Several provinces are developing frameworks to incorporate a range of key population health and health service indicators. Measures expected of regions and hospitals include hospital length of stay, waitlists, and patient satisfaction. For the most part, work on developing performance measures is in the early stages, and there is a recognition that measures need to be more outcome focused as well as better related to processes of care and patient safety.

Provinces also vary in their approach to setting targets. Some provinces have developed limited targets (e.g. for cardiac surgery or population health). Others have decided not to set targets, preferring, for example, to focus on the desired direction of performance rather than defining a specific measure of desired performance. In other cases, development work has not yet reached the stage of formulating a policy to address targets.

In addition to standards set by provincial ministries and regions, standards are also set and monitored by a number of organizations, including:

- professional associations - focusing mainly on professional qualifications and practice standards (i.e. conduct and competence) for certification

- Canadian Standards Association and Canadian Standards Council – addressing health care product and equipment specification and use standards

- Canadian Council on Health Services Accreditation (CCHSA) – addressing accreditation standards for health services. The CCHSA has recently published *Standards for Comprehensive Health Services*. These are intended to be generic and comprehensive enough to apply to all regionalized health care systems. They are currently being piloted in Alberta, New Brunswick and Saskatchewan.

Health service accreditation expectations generally cover, at a broad level, all aspects of both care and management of a health care organization or service, in relation to both individual and population health. They usually include expectations relating to structures, processes, outputs and (to a lesser extent) outcomes, and to the governance, management and professional structures and processes within the organization (e.g. quality improvement, medical records, staff credentials, safety, ethics, risk management, planning and policy development). However, they do not usually cover:

- specific details of clinical practice
- specific professional training, qualifications, ethics and behavior, which are generally handled by the relevant professional associations
- product and equipment design and use, which are generally handled by organizations such as the Canadian Standards Association
- building standards for health care facilities.

Regional services in many provinces voluntarily use CCHSA standards and pursue or maintain accreditation. Ministries vary in their view of accreditation. Some see it as an "optional extra" on top of provincial and regional standards, while others regard it as the key to ensuring quality.

However, it is important to note that CCHSA defines its standards as "optimal", and accreditation is voluntary. By contrast, Alberta Health has defined "standard" as a "minimum requirement to be met".

Other countries

The U.S. has been a leader in the development of high level measures for use in health plan monitoring and reporting. The measurement sets used in the U.S. enable public reporting and comparison of performance among different employer health care plans, and/or ongoing monitoring and adjustment of key structures, processes, outputs, outcomes, and performance areas by senior executives.

HEDIS (Health Plan Employer Data and Information Set) and CRISP (Consortium Research on Indicators of System Performance) are two of the more commonly used measurement systems operating in the U.S. HEDIS is widely used for reporting on and comparing individual health maintenance organizations' performance. CRISP focuses on high-level system performance measures for vertically integrated regional health systems serving a defined geographic area.

In general, the measurement sets developed in the U.S. consist of measures relating to broad areas of performance (e.g. immunization, length of stay, general member satisfaction) or measures that, while condition-specific, are nevertheless considered to be key indicators for judging the functioning and cost-efficiency of the service system (e.g. condition-specific screening, procedure or admission rates for various conditions). For clinical practice guidelines and clinical measures for specific conditions, there are also many other organizations, both public and private, developing or compiling instruments, databases, and integrated measurement packages.

A consumer-focused approach is taken by the Foundation for Accountability (FACCT), a U.S. consumer organization. It has developed a set of measures for different conditions which relate to three broad "quality" dimensions: *Steps to good care* (including appropriate standard processes), *Patient satisfaction* (including communication and access), and *Results* (including both clinical and functional outcomes).

Other countries with public health systems closer to the Canadian model, such as the United Kingdom and New Zealand, have also undergone significant health sector restructuring in the past decade. The monitoring and measurement priorities of these publicly funded health systems have included a focus on ensuring comprehensive services, public access and equity. They also have included measures related to national health in addition to locally delivered services. In the U.K., local regions (or "trusts") each report on the same set of measures (mostly related to speed of access to various services), while the central Ministry reports annually on national measures relating to major health issues and medical procedures (e.g. coronary heart disease and treatments, mental health bed availability, overweight, cigarette smoking among children, suicide rates, etc.).

The U.K. Department of Health has also spearheaded a major health initiative, Health of the Nation. The overall aim of the initiative is to achieve a continuing improvement in the general health of the population, with an emphasis on prevention and promotion in addition to treatment. The initiative centres on a shared responsibility for health among central and local governments, statutory and voluntary bodies, industry and commerce, communities, families and individuals. As part of the initiative, Year 2000 targets have been developed in the areas of stroke, cancer, mental illness, HIV/AIDS and sexual health, and accidents.

Appendix C: EXPECTATIONS AND MEASURES - FRAMEWORK

HEALTH SERVICES						
General Expectation						
	Dimensions of Quality					
SERVICE CATEGORIES	**Appropriateness** (right service provided at the right time in the most suitable setting)	**Effectiveness** (services achieve desired outcomes)	**Safety** (potential risks avoided or minimized)	**Efficiency** (optimal use of resources in achieving desired results)	**Accessibility** (ease of obtaining needed services)	**Acceptability** (services meet expectations of the client, family, provider, community)
Diagnostic ♦ Assessment/Diagnosis ♦ Clinical lab ♦ Imaging						
Treatment ♦ Invasive procedures ♦ Non-invasive procedures ♦ Administration of scheduled drugs and other substances ♦ Psychosocial interventions						
Supportive ♦ Personal Care ♦ Personal Support ♦ Technical Support						
Protection, Prevention & Promotion ♦ Protection ♦ Prevention and Promotion						
Service and System Continuity/Integration						

Note: Each cell may specify expectations and/or measures relating to input, process, output, and/or outcome. The types of services listed under each service category are intended as examples of areas in which expectations and measures might be defined.

Appendix C cont.: EXPECTATIONS AND MEASURES - FRAMEWORK

GOVERNANCE AND MANAGEMENT	
Health Determinants	e.g. health authorities must work with organizations and individuals in the health region (social services agencies, schools, etc.).
Health Status	e.g. targets for infant mortality rates.
General Expectation	e.g. health authority self-assessments.
Needs Assessment	e.g. health authorities will provide evidence that population health needs have been assessed.
Strategic Planning	
Strategic Management	
Monitoring and Evaluation	e.g. • each health authority will monitor and report on selected population health measures. • each health authority will perform an evaluation on a selected program or service.
Quality Improvement	
Teaching and Research	e.g. • each program/organization will provide new employees with a work-related orientation program. • each R.H.A. will have a research approval protocol.
Resource Allocation: ♦ human ♦ financial ♦ physical	e.g. there will be a yearly increase in community and home-based expenditures, as a percentage of total expenditures.

Note: Each cell may specify expectations and/or measures relating to input, process, output, and/or outcome. The areas listed are intended as examples only of areas in which expectations and measures might be defined.